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ABSTRACT

This paper documents the gap between the supply of and demand for adult services in each state of the United States, places this situation in its political context to explain why this gap exists, and discusses policy alternatives. The paper profiles the nature of the population of individuals with disabilities exiting public education and examines its service needs, citing the long waiting lists for adult rehabilitation services. The paper argues that adult services authorized under the Rehabilitation Act are viewed by the Federal Government as supplementary to a basic income maintenance program, primarily for the purpose of reducing the costs of income maintenance. Policy alternatives include industrial-based training for disabled individuals, greater emphasis on vocational education, and redefining the goal of special education from competitive employment to increased quality of life. The paper concludes that, given the acute shortage of adult services, steps must be taken to either rethink the basic premise of the rehabilitation system or create innovative programs in other sectors. (Contains 15 references.) (JDD)

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Chapter 3

Exiting School: Who Cares About the Youths with Disabilities?

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RUNNING HEAD: Exiting School

EC 301476

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Exiting School: Who Cares About the Youths with Disabilities?

Approximately 200,000 youths with disabilities exit public education each year. Of this exiting population, 60% receive either a graduation certificate (27%) or a diploma (33%), while another 26% drop out of school before graduating or aging out (Tenth Annual Report to Congress on the EHA, 1988).

For the vast majority of youths with disabilities, a successful transition is contingent upon the adult service delivery system. Yet a majority of completers as well as noncompleters do not have access to those adult services considered crucial for a successful transition to employment and independent living (Halloran & Ward, 1988). Instead a chronic shortage of adult services greatly strains the existing system and presents a major barrier to independent living for youths with disabilities.

The purpose of this paper is threefold: (a) to document the gap between the supply of and demand for adult services in each state; (b) to place this situation in its political context, thereby providing a preliminary explanation for why this gap exists; and (c) to discuss policy alternatives.

Service Delivery in the States

Implicit in deinstitutionalization and the mandate of PL 94-142 was the assumption that community-based adult services would be available to all individuals with disabilities who needed them (Halloran & Ward, 1988). The following data suggest that this assumption was erroneous, however.

Unmet Service Needs of Individuals with Mental Retardation

In her national survey conducted for the Association of Retarded Citizens (ARC), Davis (1987) found an acute problem caused by the unmet service needs of individuals with mental retardation. Specifically, according to her findings, 63,634 individuals with mental retardation were on waiting lists for residential services, while 76,039 were on waiting lists for daytime programs. However, because some individuals were counted on more than

one list, the total number of 139,673 represented not the number of individuals waiting for services, but the number of individual service needs. Yet, if as many as half were included on both lists, there would still be approximately 100,000 individuals on waiting lists.

Table 1 shows the percentage of services needed by individuals with mental retardation by state, based upon the data collected by Davis. For example, approximately .09% of the total population in the state of Indiana were in need of services. Since the extreme ends of this table were probably bias measures of the demand for these services, the middle range of .03-.09% is probably more accurate. That is, approximately 3 to 9 per 1,000 individuals in each state were in need of services.

These data point to a large unmet need for services among individuals with mental retardation. Because waiting lists greatly underestimate these unmet service needs (for a variety of reasons, many individuals with unmet service needs never even appear on waiting lists) (Davis, 1987), the estimate of unmet service needs listed in Table 1 is conservative.

(Insert Table 1 about here)

The Population Exiting Public Education

The problems presented by unmet service needs are further compounded by the significant number of individuals with disabilities exiting public education each year. The nature of this exiting population and its service needs can be inferred from the profile presented in Table 2.

In addition, Figures 1-10 present the percentages of youth exiting school by disabling condition. For example, in Figure 1 we see that 24% of the youth with mental retardation drop out of high school, while 34.4% graduate with a diploma and another 28.3% graduate with a certificate. Another 5.6% exit the educational system because they have reached maximum age, while yet 7.7% exit for other reasons.

(Insert Table 2 & Figures 1-10 about here)

The population exiting public education with urgent needs. A high percentage of those exiting public education need assistance in making a transition from school to competitive employment and independent living; in addition, approximately 10 to 12% of them present an urgent need for adult services (Davis, 1987). Thus, in Table 3, 10% was used as a basis for projecting those in urgent need of service in each state. For example, 1,930 individuals in California who are exiting public education are estimated as being in need of adult services.

(Insert Table 3 about here)

Although approximately 68% of all youths with disabilities receive their education in regular classrooms, approximately 79% of individuals with mental retardation and 92% of individuals with multiple disabilities are educated in substantially separate environments with a large amount of support. These individuals will need immediate service upon exiting public education. Tables 4 and 5 illustrate the number of youths with mental retardation and multiple disabilities enrolled in substantially separate environments. Again, these data provide a projected approximation of future demand.

(Insert Tables 4 & 5 about here)

Given the magnitude of the unmet need for adult services and projections for even greater future demands, it would not be fallacious to state that the problem of unmet service needs is significant and that, therefore, youths with disabilities exiting public education are at risk. In the next section we describe the federal disability system in an effort to determine the reason behind the large gap between the supply of and demand for adult services.

The Political Context

The cornerstone of federal policy toward individuals with disabilities is income maintenance (Haveman, Halberstadt, & Burkhauser, 1987). That is, through either the form of an insurance benefit (SSDI) or, if the individual has not made sufficient payments to the social security system, a welfare payment (SSI), the federal government guarantees that every disabled individual receives a minimum income. Such a guarantee is based upon the belief that every individual is morally entitled to a minimum income—that an income floor is a basic right.

However, whereas a minimum income is held to be a right, rehabilitative services and employment are not. Thus, adult services authorized under the Rehabilitation Act are viewed by the federal government as supplementary to the basic income maintenance program, primarily for the purpose of reducing the costs of income maintenance. That is, rehabilitation is viewed by the federal government as a way to reduce the costs of income maintenance by returning a small percentage of disabled workers to competitive employment. In this way, these workers become taxpayers rather than tax consumers, thereby increasing the efficiency of the system, that is, whatever produces the largest benefit for the least cost is the most efficient.

Consistent with this view, given the costs of rehabilitation, services must be restricted to those individuals with high rehabilitation potential in order for the system to be efficient. The result, therefore, is an eligibility-based system, which restricts entry to a limited number.

The main point of this discussion is to suggest that the rehabilitation system was never intended to provide services to all disabled individuals or even to a significant percentage. However, the Rehabilitation Act of 1973, P.L. 93-112, mandated that individuals with severe disabilities receive first-priority status in terms of eligibility for rehabilitative services, over those with greater rehabilitation potential. As a result, over 50% of those receiving rehabilitation services have severe disabilities. However, since it costs two to two and

one-half times as much to rehabilitate an individual with a severe disability compared to somebody who has less severe disabilities, the total number receiving services has steadily declined (House Report 98-137, 13537, 1983). Further, owing to efficiency concerns, funding levels were never increased sufficiently to allow the first-priority provisions of the Rehabilitation Act to be supported. As a result, a large number of eligible individuals have ended up on waiting lists.

The obvious solution to this problem lies in substantially increasing the rehabilitation budget. However, this approach runs counter to the original purpose of the rehabilitation system—cost reduction. As discussed, the rehabilitation system was never intended to serve a large percentage of the disabled population. Its priorities changed with the enactment of the Rehabilitation Act of 1973, but that did not change its basic design: to serve only a small percentage of the disabled population (for a more extensive discussion of this position see DeStefano & Snauwaert, in press). It is no surprise, therefore, to find a large gap between the supply of adult services and the demand for them.

During the 1980s, the federal government has increasingly withdrawn from domestic social programs as conservative administration has delegated this responsibility to the states. However, the states have not rushed to replace federal appropriations (Rosenbaum, 1987). Although a conservative administration has given employment a "rhetorical" priority, thereby placing it on the agenda, it has not provided a comprehensive mechanism for achieving it, the employment initiatives of the Ninety-ninth Congress not withstanding. The magnitude of unemployment among disabled persons demands a federal commitment (Simon, 1987), whereby the rehabilitation system is redesigned from a cost-reducing mechanism to a legal entitlement, as in every industrial democracy today except the United States.

Given the philosophy of a conservative administration and the budgetary crisis that has ensued, a commitment to such a redesign is improbable. Indeed, even if a new administration sympathetic to such a reform assumes power, the budgetary crisis still

presents a major barrier to substantially increased appropriations. In view of the supply/demand problem and the unfavorable political and fiscal environment, what can be done to facilitate the transition of youths and adults with disabilities into employment and independent living?

Policy Alternatives

1. The Employer Connection: Industrial based training for disabled individuals.

Industrial training and development have undergone tremendous expansion in the last 15 years with the result that, currently, approximately $40 billion is spent on training and education, with employer investment in training and development projected to increase 25 to 30% by 1990 (Galagan, 1987).

Underlying this investment in corporate education is the recognition that human resources are an organization's most valuable asset (Feuer, 1986). However, investment in human resources is not driven by humanitarianism. A number of socioeconomic factors have forced corporations to provide employee training and development, including (a) rapid technological change, (b) global competition, and (c) demographic/labor market shifts.

In relation to the training and employment of individuals with disabilities, the demographic/labor market shifts are the most important. Labor market trends have forced American business and industry to increase investment in training and development. The growth of the work force has slowed considerably and is expected to continue in this direction over the next 15 years. As a result, a shortage of workers is likely (Jones, 1987), especially among young workers entering the labor force for the first time. Thus, workers aged 16-24 accounted for 20% of the labor force in 1985, but this percentage will decline to approximately 16% by the year 2000 (Jones, 1987). With an aging society, there are not enough young workers entering the labor force to replace those who are retiring.

To bolster the labor supply some have argued that previously underutilized groups (e.g., minorities) will have to enter the work force in much greater numbers (Jones, 1987). It is

this reality that has forced corporations to offer extensive basic skills programs to entry level employees. For example, a survey of 184 corporations found that 75% carried out some kind of basic skills program (Center for Public Resources, 1983).

One of the most underutilized segments of the potential labor force is the disabled population. With proper training, members of this population could make a significant contribution to the work force. Given the precedence for widespread training and development in business and industry, including extensive basic skills programs, could individuals with disabilities be included? While the disabled population's training requirements are undoubtedly more expensive, and thus may not be attractive to employers, federal incentives could be established to make the employment and training of individuals with disabilities more attractive. For example, the Targeted Job Tax Credit program of the Tax Reform Act of 1986 was intended as an incentive for increasing employment of disabled individuals. A similar arrangement might include training. For example, training-targeted tax credits might be offered for training individuals with disabilities in industry, with training costs being tax deductible for the employer. Another, more liberal policy would be subsidized training and development, whereby the Federal government pays the training costs of individuals with disabilities.

Results from earlier federal employment and training-policy initiatives indicate that training is more effective when trainees are guaranteed employment after successfully completing a training program (Rosenbaum, 1987). Training conducted by industry offers this advantage as well as others including a realistic environment. Industry is doing a great deal of training; the question is, does this represent an opportunity for the training and eventual employment of individuals with disabilities? As Senator Lowell Weicker (1987) suggested:

> . . .it will be the businesses and industries of today and tomorrow that have the responsibility to see that those same young people with disabilities continue their educational development into adulthood and throughout their adult life. We must

> continue to strive for a partnership among schools, business, and federal, state, and local governments—a partnership that is critical in ensuring that disabled individuals have the range of services and opportunities necessary to assist them in being independent, productive, and fully integrated into the mainstream of society. (p. 9)

2. Special Education Reform: Greater emphasis on vocational education.

If the gap between the supply of adult services and the demand for such service is as large as indicated in this study and if the political environment is not conducive to a significant policy change that would increase supply, it can be argued that reliance on the adult service delivery system as a mediating step in the transition process must be kept to a minimum. That is, the vast majority of students with disabilities exiting public education must be prepared at the time of exit to assume competitive employment and independent living with little or no assistance from adult services.

Halloran and Ward (1988) maintained that the curricula currently in place in secondary special education programs are nonfunctional in the sense that their focus is misplaced on academic subjects rather than on the development of skills needed for employment and independent living. Given that the majority of those exiting special education cannot currently expect to receive vocational preparation through the adult service delivery system, it can be argued that vocational, rather than academic, preparation must be the central focus of secondary special education programs.

Consistent with their view of current special education curricula, Halloran and Ward (1988) suggested a "13th year" for such preparation, to be obtained in the community college system. This recommendation raises a number of questions. Are the community colleges prepared to train the special needs population? How would such a program be financed? Through PL 94-142 funds? Wouldn't such a program entail transitional requirements akin to those tied to transition to work that would undermine its success in serving a large population? That is, isn't the transition to a 13th year program itself problematic? Clearly,

the best alternative is to reform secondary special education programs in the direction of vocational preparation. But in the current environment, is the reform of special education feasible?

To be meaningful, any proposal to reform special education must be considered in the context of the current reform of regular education. During the 1980s, we have witnessed a plethora of proposals to reform the educational system. The central theme of such proposals has been a return to school "excellence" in order to arrest the decline in U.S. economic competitiveness. Excellence is defined in terms of a focus on academic subjects (e.g., science, mathematics, technologically oriented courses, computer science) and the elimination of most of the nonacademic curriculum (Berman, 1988).

In essence, these proposals, especially the most prominent of them (e.g., A Nation at Risk), are in keeping with the supply-side philosophy of the Reagan administration: investing in the top segment of the population to create surplus value that will trickle down to the rest of the population (e.g., tax reform). Under this general philosophy the educational focus is on the most talented students and less on the disadvantaged (Berman, 1988). For example, the move toward stricter academic requirements for graduation favors the already advantaged students by providing them with greater educational opportunity. In this process, however, disadvantaged students, including students with disabilities (and especially those with mild disabilities) are given less attention and thereby less opportunity. Stricter academic requirements for graduation force such students to forgo vocational preparation in order to graduate. Currently, 70% of the special education population are being mainstreamed in regular education classes (Halloran & Ward, 1988). As suggested, this type of curriculum is nonfunctional for the less able student. One consequence is an increased dropout rate among students with disabilities (and among other disadvantaged students). A more important consequence is an increasing number of students (completer and noncompleter) ill prepared to assume competitive employment and independent living.

The reform of special education in the direction of vocational preparation goes against the grain of the excellence movement, which may be an impediment to the reform suggested here. If transition is to be widespread, however, the special education community must redefine "excellence" in relation to the population it serves. Excellence in education for students with disabilities means education that develops functional employment and life skills. As the excellence movement proceeds, the special education community must raise a voice for excellence in special education in terms of functional preparation.

3. Quality-of-Life Programs: Redefining the goal of special education from competitive employment to increased quality of life.

Although independent living and community integration are perceived as legitimate aims, competitive employment is currently viewed as the most desirable special education outcome. However, what is "competitive employment"?

For the majority of youths with disabilities who exit public education, the primary source of employment is the low end of the service sector, characterized primarily by low-paying, part-time, low-mobility, no-fringe-benefit jobs—the so-called "McDonalds jobs." This type of employment is not "competitive" with the higher paying, full-time, higher mobility jobs with fringe benefits that are characteristic of most employment opportunities above the low end of the service sector. Thus it can be argued that the person employed in the low end of the service sector is underemployed rather than competitively employed. Short of public intervention (e.g., affirmative action), the majority of youth with disabilities will be confined to underemployment. In other words, "competitive" employment is an unrealistic goal.

Therefore, a more realistic (and humane) goal for the transition movement is to improve the quality of life of individuals with disabilities (Edgar, 1987). Given adequate financial support in the form of income maintenance and other basic life services (e.g., medical care and housing), quality-of-life programs could be established for those who have exited public education as a means of occupying their time in a fulfilling way. Such a

program could include part-time employment (without the loss of social security benefits and health care), recreation, community events, or volunteer work. The point here is that independent living and community integration and service may be possible without attaining competitive employment. Quality-of-life programs that facilitate independent living and community integration without being contingent upon employment are a viable alternative. However, to be successful, such programs must allow integrative activities. That is, individuals with disabilities should not be isolated from the community, but should be able to interact with and serve the community within their ability. Quality-of-life programs could be established to facilitate this outcome.

As Edgar (1987) succinctly pointed out:

> Somehow we have accepted the notion that the only real measure of success is competitive employment. We can only be failures with this goal. We will only continue to allow thousands of persons with disabilities to strive for a goal that cannot be achieved. . . . We appear to be making progress toward solving a problem when in reality there is no real progress being made nor can there be using current procedures. (p. 69)

The above proposals describe three possible alternatives to alleviating the service-delivery crisis for adults and youths with disabilities. Before any of these alternatives can be given serious consideration, however, a number of questions need to be answered.

1. What are current labor market projections?
2. What impact will population shifts (e.g., immigration) have on the employment opportunities of individuals with disabilities?
3. How employable is the average youth with disabilities?
4. Given labor market projections, what type of vocational preparation is most appropriate?
5. What changes are necessary to accommodate a large program of vocational education for special needs populations?

6. How open are employers to hiring individuals with disabilities?
7. Are any large corporations interested in employing and training individuals with disabilities on a large scale?
8. Is industry-based training feasible for individuals with disabilities? What are the barriers to implementation of such training?
9. How responsive would the federal government be to subsidized training or training tax credits?
10. Is a change in federal administration likely to affect federal disability policy? Special education policy?
11. Are quality-of-life programs financially feasible? How would the costs of such programs compare with the costs of other adult services?

In summary, a significant shortage of adult services has resulted in long waiting lists for individuals with disabilities and a strained rehabilitation system. In addition, this shortage is a major barrier to the successful transition from school to work of youths with disabilities. It has been argued that this shortage is a by-product of the rehabilitation system which is designed primarily as a cost-reducing mechanism. Consequently, unless the fundamental structure of the rehabilitation system is redesigned, reliance upon it as an intermediary step in the transition process must be kept to a minimum.

Three policy alternatives and related questions were proposed. Whether or not these alternatives are viable, it is clear that given the acute shortage of adult services steps must be taken to either rethink the basic premise of the rehabilitation system or create innovative programs in other sectors.

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Table 1

Percent of Services Needed by Individuals with Mental Retardation

Bar Chart of Percentages

State		Percentage
ME	**********	0.168794
TX	**********	0.133466
IA	**********	0.125731
IL	**********	0.111680
OH	**********	0.105205
NY	**********	0.103478
NC	**********	0.100842
MD	**********	0.097850
MT	**********	0.091789
IN	**********	0.089334
W A	**********	0.084158
AL	**********	0.063018
LA	**********	0.062900
OR	**********	0.062749
CO	**********	0.059914
KS	**********	0.059826
TN	**********	0.056851
V A	**********	0.056612
HI	**********	0.056007
MA	**********	0.051271
NM	**********	0.049875
MN	**********	0.047511
AZ	**********	0.043724
MI	**********	0.042337
WI	**********	0.036758
PA	**********	0.035490
UT	**********	0.035437
AR	**********	0.034352
FL	**********	0.033336
NE	**********	0.032853
GA	**********	0.031266
NH	**********	0.029579
AK	**********	0.027334
MS	**********	0.027198
SC	**********	0.026499
KY	**********	0.025963
NV	**********	0.016261
DE	**********	0.015610
SD	**********	0.013068
W V	**********	0.006606

0.04 0.08 0.12 0.16

Percentage

Table 2
Percent of Students With Disabilities 16-21 Years Old Exiting the Educational System During the 1985-1986 School Year, by Reason for Exit

Bar Chart of Percent

Reason	Handcon		Percent
Graduated w/ Diploma	VISHC	**********	59.74
	HH	**********	55.79
	ORTHOPED	**********	53.87
	LD	**********	49.66
	SPIMP	**********	37.43
	OTHER	**********	35.88
	MR	**********	34.43
	ED	**********	33.45
	MHC	**********	24.30
	DFBLIND	*******	17.68
Graduated w/Certificate	DFBLIND	**********	38.67
	MHC	**********	28.44
	MR	**********	28.25
	SPIMP	**********	25.28
	HH	**********	19.20
	ORTHOPED	**********	18.59
	OTHER	**********	14.96
	LD	**********	12.65
	VISHC	**********	12.02
	ED	**********	8.75
Reached Maximum Age	DFBLIND	**********	31.49
	MHC	**********	15.15
	MR	**********	5.63
	OTHER	**********	4.33
	ORTHOPED	**********	3.93
	VISHC	**********	3.31
	ED	**********	2.27
	HH	**********	2.00
	SPIMP	**********	0.77
	LD	**********	0.57
Drop Out	ED	**********	40.74
	OTHER	**********	30.86
	LD	**********	25.63
	MR	**********	24.00
	SPIMP	**********	17.71
	MHC	**********	17.69
	ORTHOPED	**********	14.51
	HH	**********	13.12
	VISHC	**********	12.43
	DFBLIND	**********	7.18

20.00 40.00 60.00

Table 2 (continued)

Reason	Handcon		Percent
Other	SPIMP	********	18.82
	ED	******	14.79
	MHC	******	14.43
	OTHER	******	13.97
	VISHC	*****	12.50
	LD	*****	11.50
	HH	****	9.88
	ORTHOPED	****	9.10
	MR	***	7.69
	DFBLIND	**	4.97

20.00 40.00 60.00

Note. From Tenth Annual Report to Congress on the Implementation of the Education of the Handicapped Act, 1988, Washington, DC: U.S. Government Printing Office.

Table 3

10% of Youth With Disabilities Exiting Public Schools During the 1985-86 School Year

Bar Chart of P10POP

State		P10POP
CA	**********	1930.800
NY	*********	1515.300
UT	*******	1208.800
IL	*******	1207.100
PA	******	1064.700
OH	*****	991.900
NJ	*****	873.800
MA	****	787.800
FL	****	713.600
MO	****	711.800
IN	***	631.700
NC	***	609.600
MN	***	576.800
MI	**	564.300
CT	**	513.000
WY	**	487.700
WA	**	466.900
GA	**	461.300
AL	**	459.500
LA	**	434.700
SD	**	413.600
KY	*	393.200
MD	*	340.100
OK	*	334.200
IA	*	328.500
MS	*	275.900
AZ	*	258.300
CO	*	246.000
AR	*	237.600
OR	*	222.300
WI	*	200.200
KS	*	183.000
WV	*	170.900
NE	*	157.700
NM	*	128.200
SC	*	120.900
VT	*	120.500
ME	*	107.000
TX	*	105.600
NH	*	99.100
RI	*	90.200

400 800 1200 1600

Table 3 (continued)

State		P10POP
DE	**	83.700
AK	**	76.600
MT	**	75.900
ID	*	67.800
TN	*	63.500
HI	*	45.700
NV	*	45.100
VA	*	36.500
ND	*	29.000
DC		23.500

400 800 1200 1600

Table 4

79% of Youth With Mental Retardation 18-21 Years Old Enrolled in Substantially Separate Educational Environments

Bar Chart of P79MR

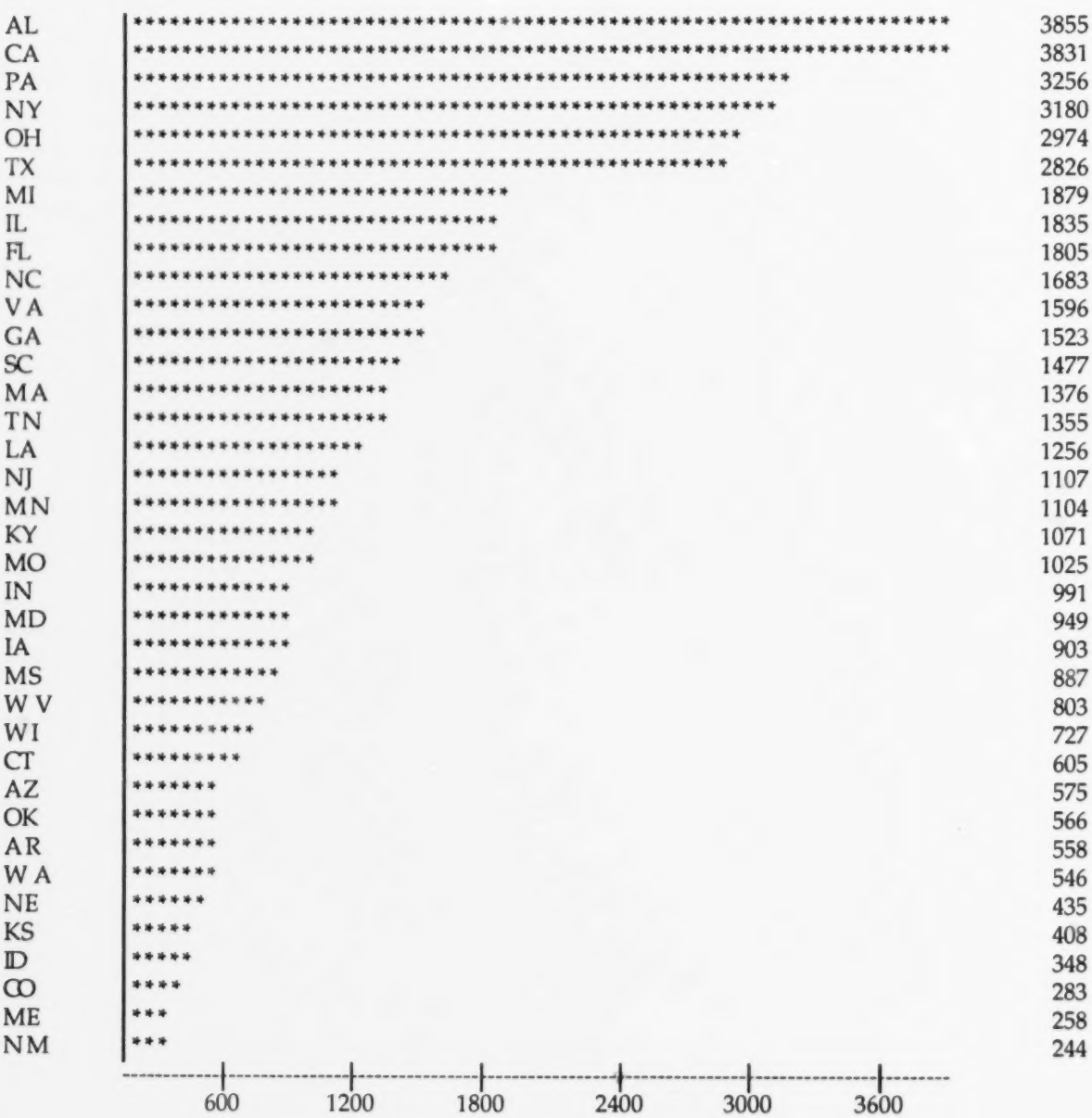


Table 4 (continued)

State		P79MR
OR	***	240
UT	***	238
ND	**	173
RI	**	142
SD	*	104
NV	*	100
MT	*	99
NH	*	73
HI	*	68
VT	*	67
WY	*	58
DE	*	56
DC	*	49
AK	*	49

Table 5

92% of Youth With Multiple Disabilities 18-21 Years Old Enrolled in Substantially Separate Educational Environments

Bar Chart of P92MH

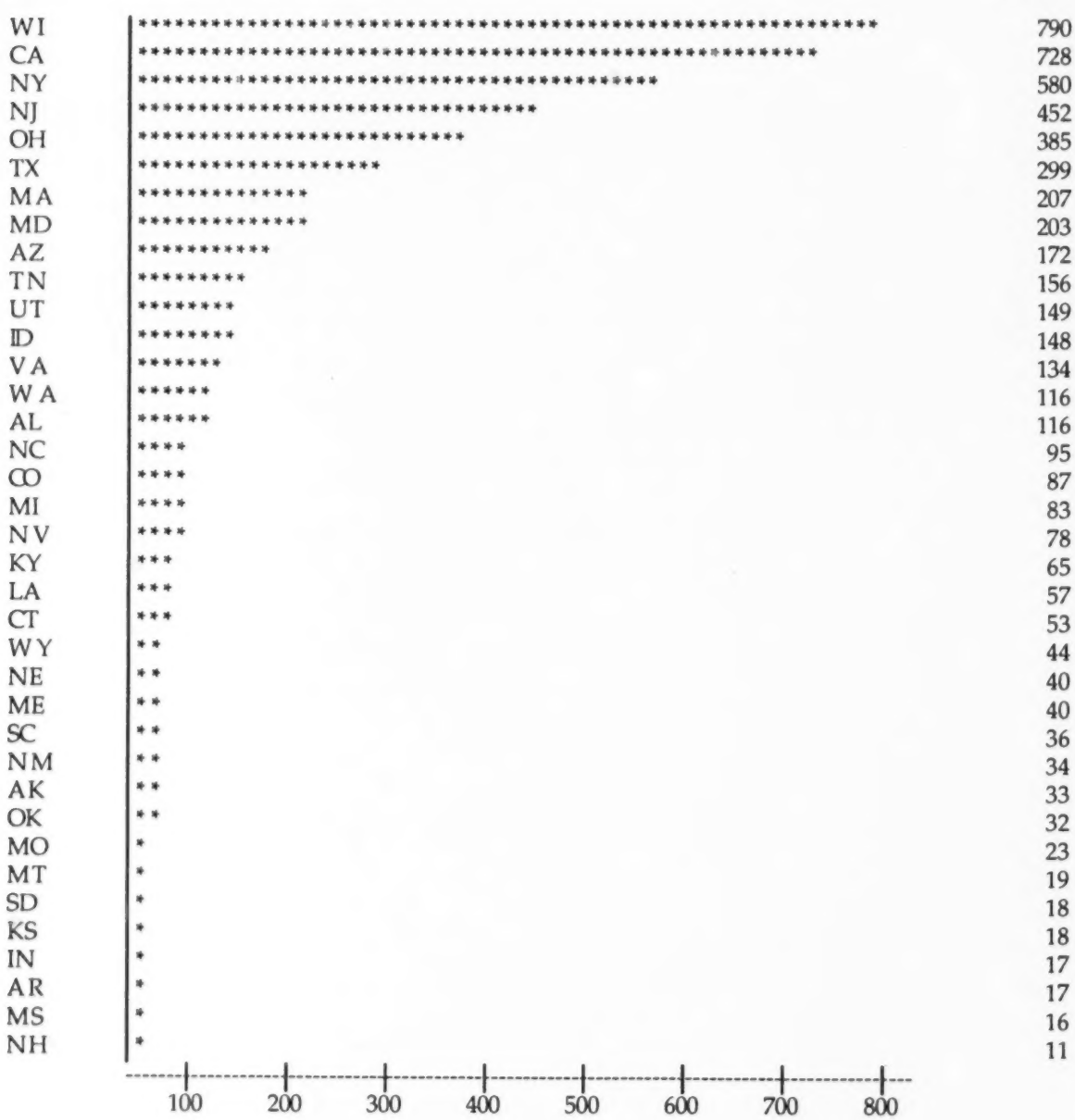
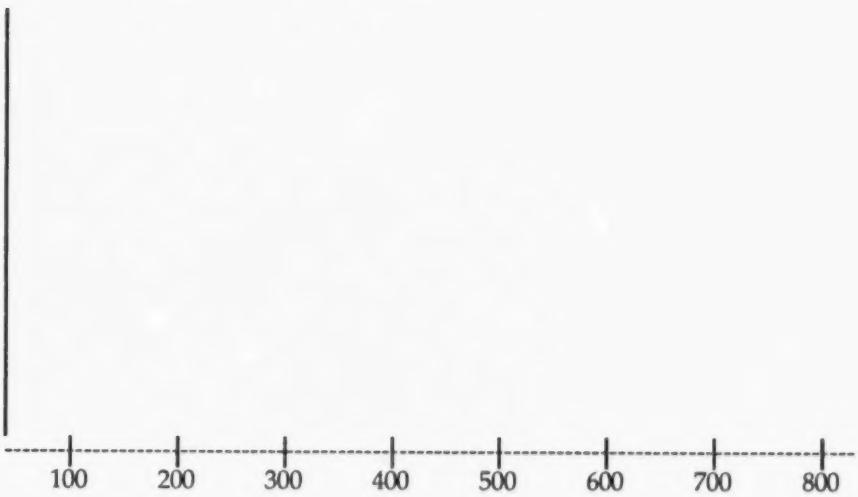


Table 5 (continued)

State	P92MH
IA	8
HI	8
DE	6
RI	5
W V	0
VT	0
PA	0
OR	0
ND	0
MN	0
IL	0
GA	0
FL	0
DC	0



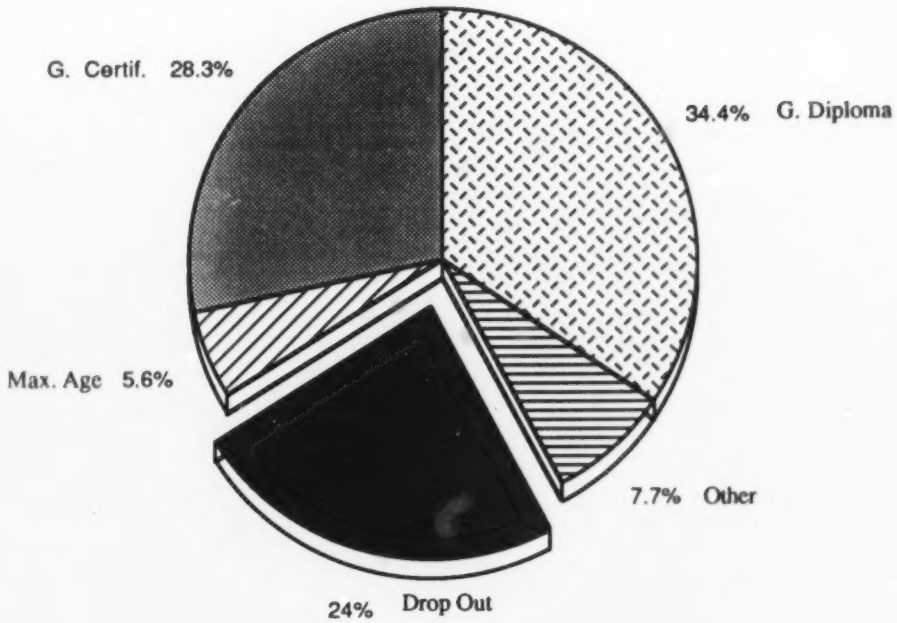


Figure 1. Percentage of youth with mental retardation 16-21 years old exiting the educationai system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

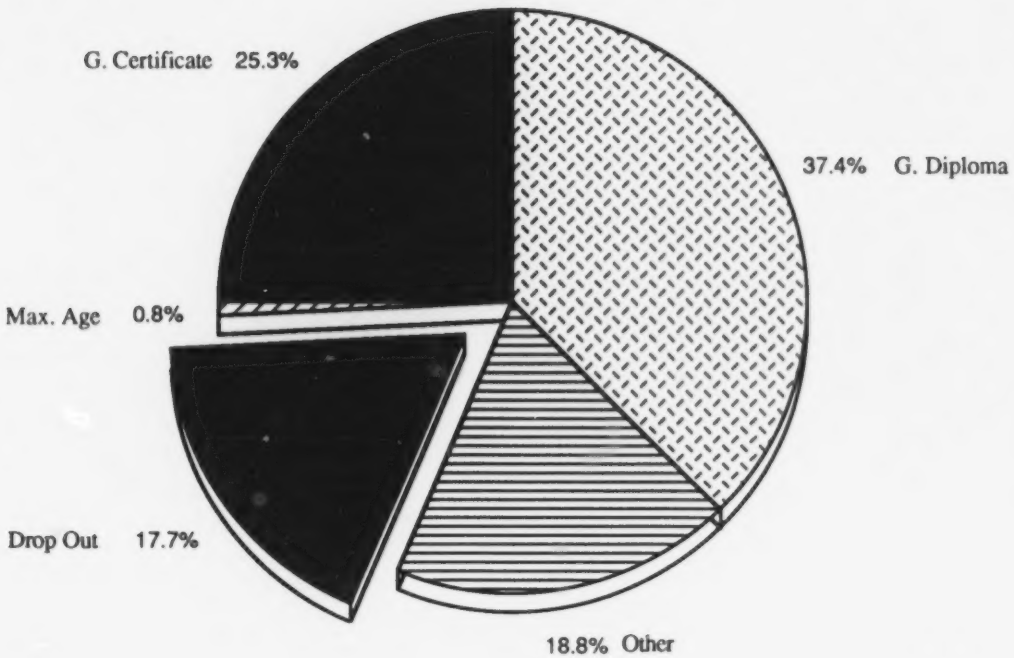


Figure 2. Percentage of youth with speech impairment 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

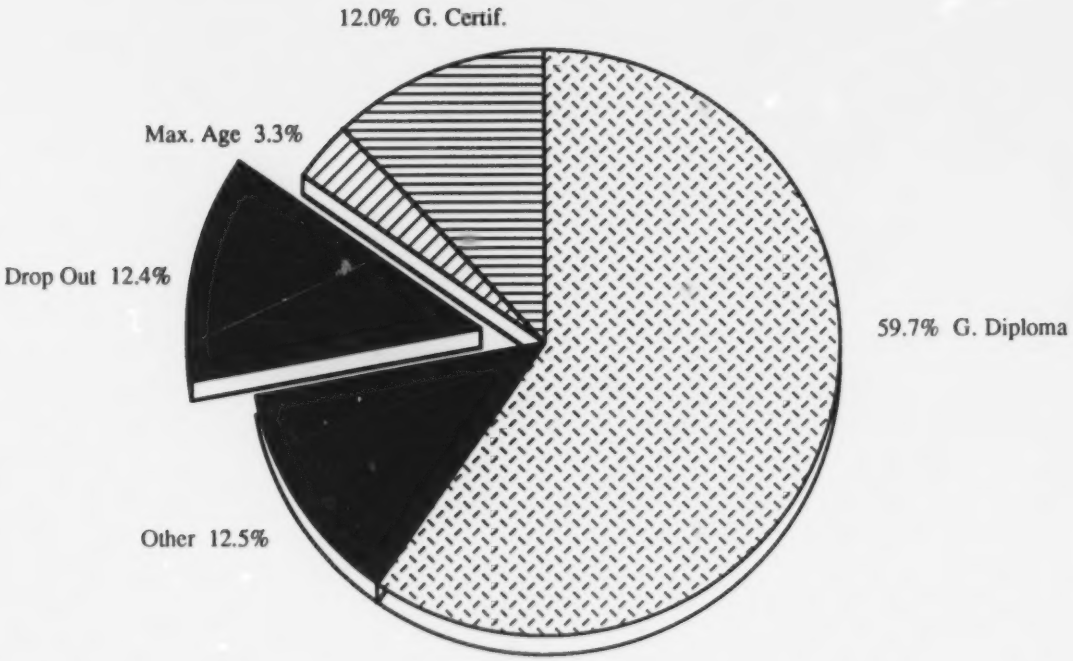


Figure 3. Percentage of youth with visual disabilities 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

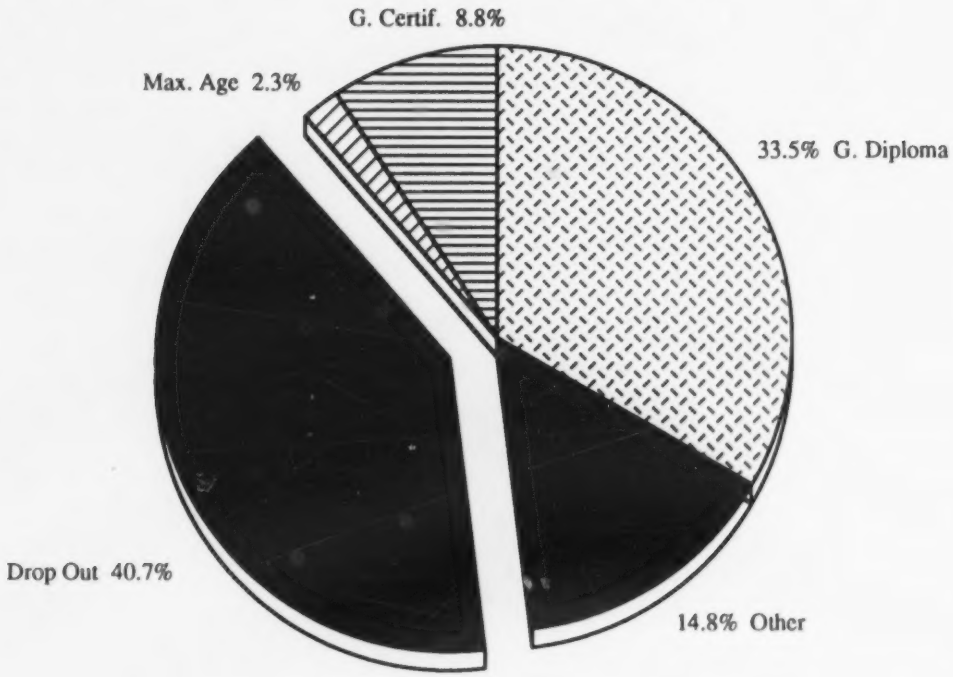


Figure 4. Percentage of youth with emotional disturbance 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

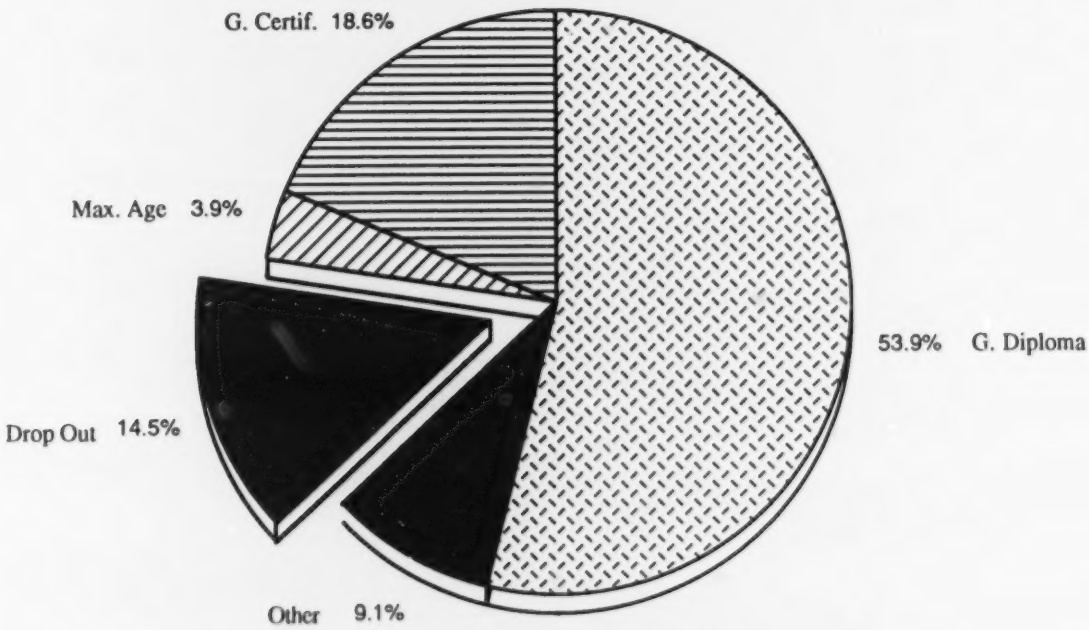


Figure 5. Percentage of youth with orthopedic impairment 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

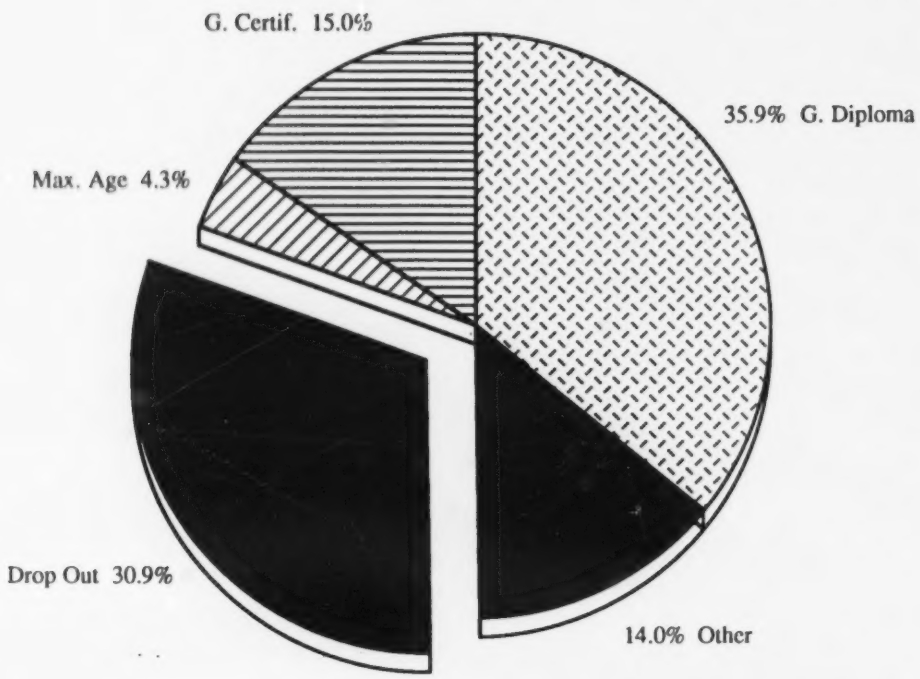


Figure 6. Percentage of youth with other health impairments 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

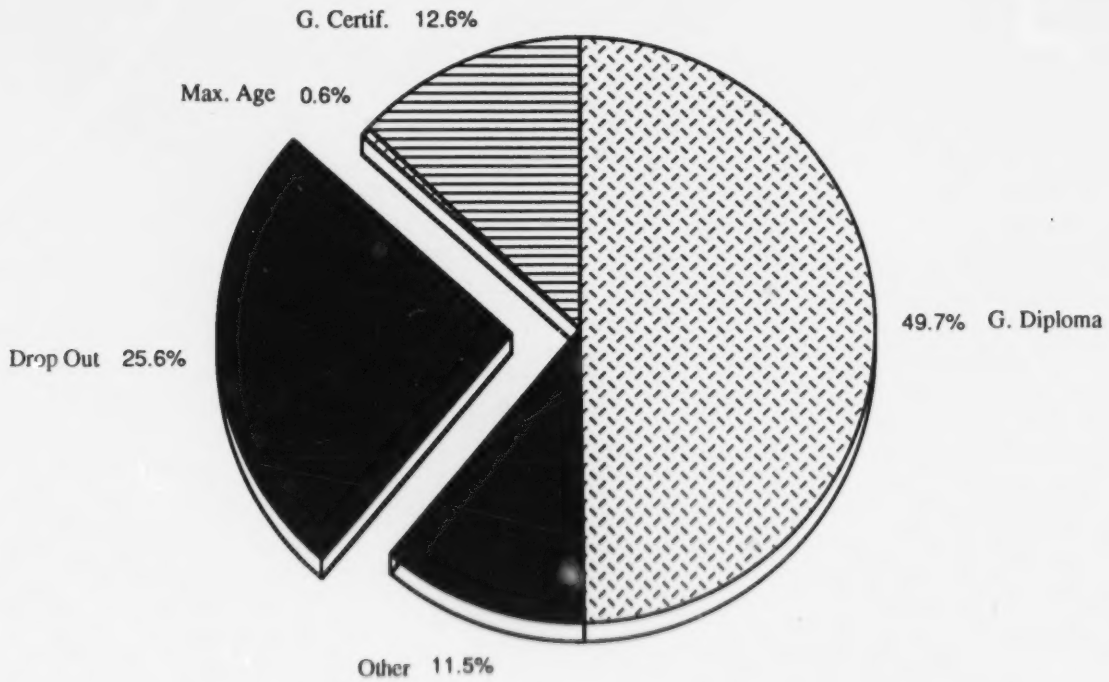


Figure 7. Percentage of youth with learning disabilities 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

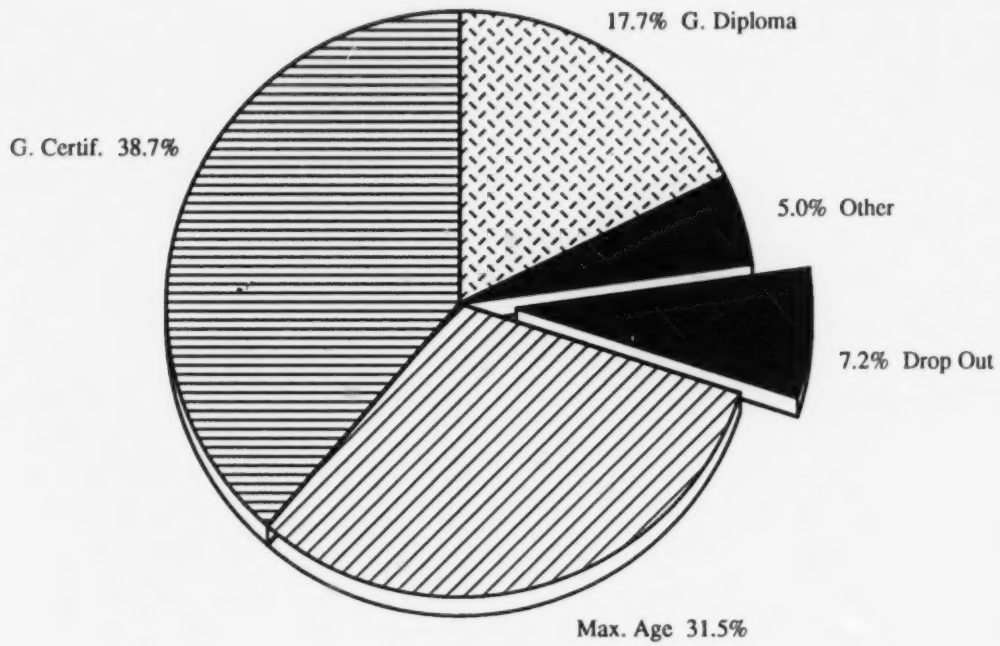


Figure 8. Percentage of youth with deaf-blindness 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

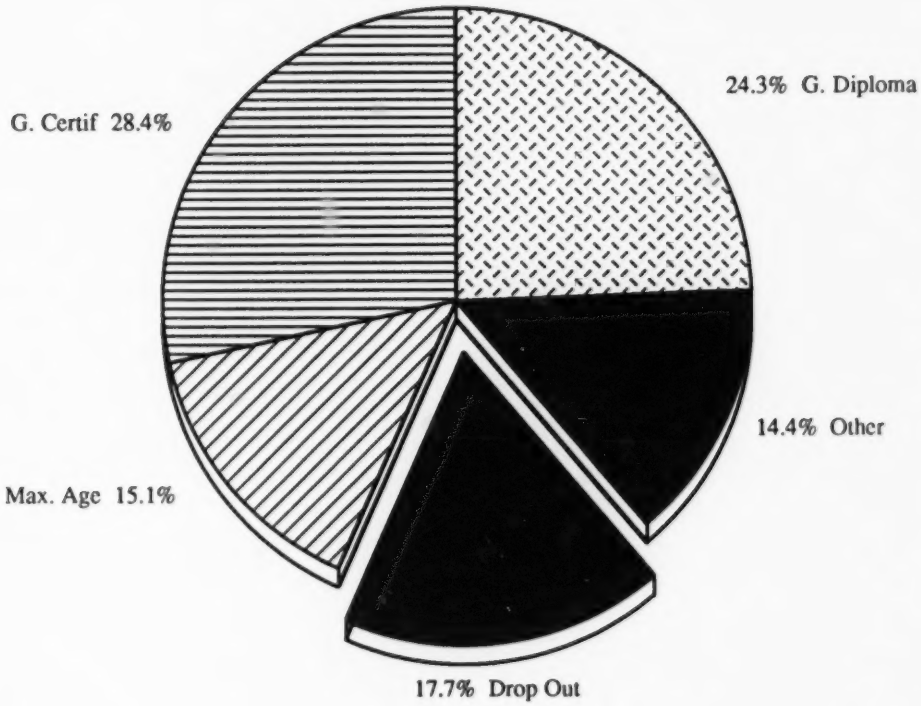


Figure 9. Percentage of youth with multiple disabilities 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.

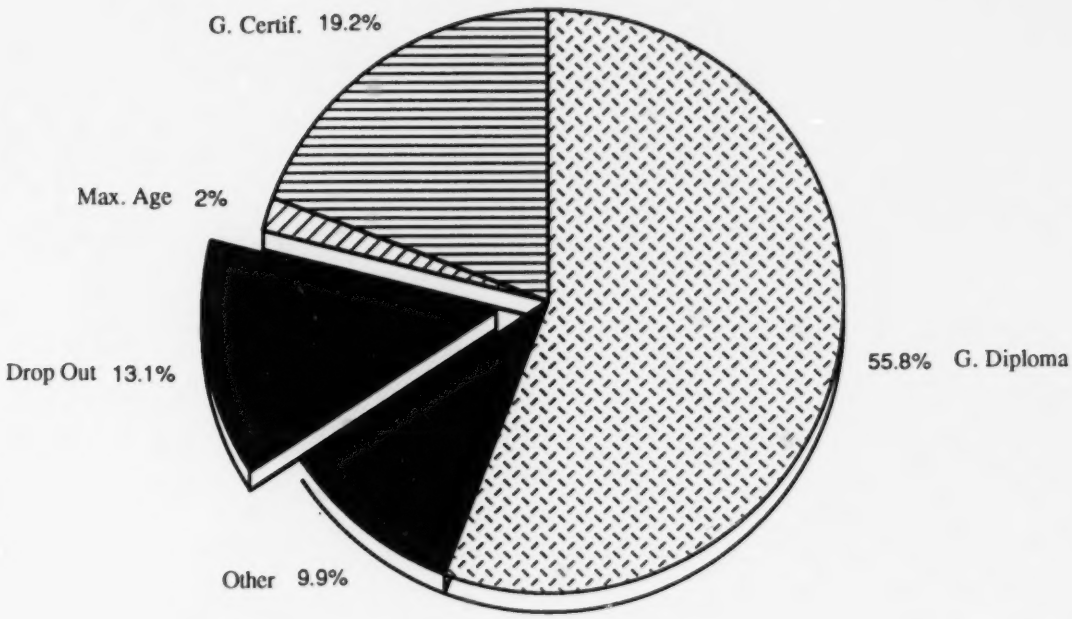


Figure 10. Percentage of youth with hardness of hearing 16-21 years old exiting the educational system by basis of exit during the 1985-86 school year.

Note. From the 10th Annual Report to Congress, 1988.